

See Instructions and Privacy Statement on Reverse Side

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<input type="checkbox"/> Out-of-State Trip No. _____										<input checked="" type="checkbox"/> Travel										<input type="checkbox"/> Training																																																																
Claimant's Name Mary-Ann Warmerdam															Telephone Number 916-445-4000															Employee Number E000113420																																																						
Home Address															City Sacramento															State CA															Zip Code 95814															Position Director																								
Headquarters Address 1001 I Street															City Sacramento															State CA															Zip Code 95814															Branch Executive Office															CB/I No. Exempt									

(1) Month/Year 3/09	(2) Time Depart Return	D a t e	(3) Location Where Expenses Were Incurred (Between what Points)	(4) Lodging	(5) Meals			(6) Incid'l	(7) Transportation				(8) Business Expense	(9) Total Expenses for Day									
					Breakfast	Lunch	Dinner		(A) Cost	(B) Type	(C) Tolls Carfare Pkg.	(D) Private Car Miles Amt.											
0700		11	Sacramento to Santa Barbara to	92.40						SC, A, RC				120.40									
	1830	12	Ventura Ventura to Sacramento		6.00			6.00		RC, A, SC	30.00			42.00									
			PURPOSE: MEET W/COUNTY AGRICULTURAL COMMISSIONERS, AND SPEAK AT VENTURA COUNTY SPRAY SAFE EVENT											0.00									
														0.00									
														0.00									
														0.00									
1300		17	Sacramento to Monterey	94.00						SC	17.00			129.00									
	1800	18	Monterey to Sacramento		6.00	10.00		6.00		SC	4.00			26.00									
			PURPOSE: MEET WITH COUNTY AGRICULTURAL COMMISSIONERS, AND TOUR STERILE LIGHT BROWN APPLE MOTH FACILITY											0.00									
														0.00									
														0.00									
														0.00									
Sub Total (Acct. Use Only)																							
TRAVEL ADVANCE				\$ 150.00																			
(10) CLAIM TOTAL														\$ 317.40									

(11) Purpose of Trip, Remarks & Details

Note: On 3/11-12, employee was passenger in another state employee's rental car.

3/12:(7)(C): parking at Sacramento airport (receipt attached)

3/17:(7)(C): parking of state car at Monterey hotel (itemized on attached hotel receipt)

3/18: (7)(C): bridge toll (no receipt)

(12) Normal Work Hours
0800-1700

(13) Private Vehicle License No.

(14) Mileage Rate Claimed

(15) I HEREBY CERTIFY, that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 - 0754 pertaining to vehicle safety and seat belt usage.

Claimant Signature: MARY-ANN WARMERDAM Original Signed By: MARY-ANN WARMERDAM Date: 03.26.07

(16) Signature of Officer Approving Travel and Payment: ORIGINAL SIGNED BY Cindy Tuck Special Expense Authorization (See item 17 on reverse)

(18) Program Use				Accounting Use Only					
Index	PCA	%		Obj. Code	Amount	Tax	Non-Tax	Check Number	TEC Amt. Due
2100	13000	100							